

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED

AFTER  
1st AMENDMENT

AFTER  
2nd AMENDMENT

IND. DEP.

IND. DEP.

IND. DEP.

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TOTAL  
IND.

12

DEP.

55

TOTAL  
DEP.

55

TOTAL  
CLAIMS

57

AS FILED

AFTER  
1st AMENDMENT

AFTER  
2nd AMENDMENT

IND. DEP.

IND. DEP.

IND. DEP.

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